



ALLIED MEDICAL SCHOOL QUESTIONNAIRE SUPPLEMENTAL APPLICATION
SUBMIT WITH ALLIED MEDICAL GENERAL APPLICATION

GENERAL INFORMATION

- 1. Number of students age: 0-5 6-12 13-18 19+
2. Number of teachers:
3. Number and type of medical staff:
4. Is school accredited? No Yes
5. Are teachers certified by the state? No Yes
6. Is the school: public private
7. When was the school established?
8. Does the school include dorms for student housing? No Yes
9. Does the school have a volunteer nurse? No Yes
10. What days and hours is the school in operation?
11. Does the school provide transportation for any students? No Yes
12. Please explain elopement controls:
13. Does the school provide driver's education training? No Yes
14. Is corporal punishment allowed? No Yes
15. Does school have any stadiums or bleachers? No Yes
16. What type of entry alarms are in place? None local other:
17. Please check any of the following activities offered: Archery, Baseball, Basketball, Boxing, Climbing wall, Equine/horseback riding, Flag Football, Wrestling, Gymnastics, Martial Arts-contact, Martial Arts-non-contact, Riflery, Swimming or Diving, Tackle football, Others:
18. Are any activities unsupervised? No Yes

ACCIDENT INSURANCE

- 19. Are all students covered by the accident insurance even if not participating on a team or sport? No Yes
20. Are all team sports members covered by accident insurance? No Yes
21. Is the purchase of accident insurance optional at the participants' expense? No Yes

SPECIAL EDUCATION

22. If special education was indicated above, please answer the following questions:

What type of students are enrolled: physically handicapped developmentally disabled
 emotionally disturbed violent
 mentally disturbed suicidal
 other: _____

23. Do you have facilities in place for restraint of students?

If "Yes," provide details of restraint guidelines as an attachment.

Please attach copies of all contractual agreements including those involved in off-premises training.

* Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* not applicable in all states

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DECLARATION AND SIGNATURE:

The undersigned declares that to the best of his/her knowledge the statements in this application and its attachments are true. The company is hereby authorized to make any investigation and inquiry deemed necessary in regard to this application.

Applicant's Signature

Sub-Producer

Title/Date

Producer

SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY OR THE UNDERWRITING MANAGER TO COMPANY THE INSURANCE. Application MUST be currently signed, completed and dated to be considered for quotation.